**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 15 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/12/17

**1.** Name of Limited Partnership
Seymour R. and Joan W. Rosen Family Partnership, Ltd.

**1a.** DOCUMENT # A97000002068

Mailing Address
3009 4th St.
Marianna, Fl. 32446

Principal Office Address
3009 4th St.
Marianna, Fl. 32446

**3.** Date Formed or Registered
September 25, 1997

**3a.** Date of Last Report
not applicable

**4.** State or Country of Formation
Florida U.S.A

**5a.** Capital Contributions as Shown on record.
980,000

**5b.** Amount of Capital Contributions in FLORIDA to date

**2.** Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

**2a.** Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

**6.** FEI Number
59-3471260
☐ Applied For
☐ Not Applicable

**7.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**8.** Make check payable to: Dept. of State (See reverse side for fee information)

**9.** Name and Address of Current Registered Agent
C. Randolph Coleman
9250 Baymeadows Rd. Suite 230
Jacksonville, Fl. 32256

**10.** If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| **11.** Name(s) of General Partner(s) | **11a.** Address of Each General Partner (Do NOT Use Post Office Box Number(s)) | **11b.** City, State & Zip Code | **11c.** Registration/ Document Number |
|---|---|---|---|
| Seymour R. Rosen<br>Joan W. Rosen | 3009 4th St.<br>Marianna, Fl. 32446 | | |

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CR2E003 (6/97)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Joan W. Rosen DATE 12/11/97

Typed or Printed Name of General Partner Signing Form: Joan W. Rosen Daytime Telephone Number (850) 526-3937